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INFLUENZA IN MARYLAND.

PRELIMINARY STATISTICS OF CERTAIN LOCALITIES.

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Owing to the facts that prior to the recent epidemic reports of influenza were not required in most sections of the United States, that the reports of all infectious diseases are usually incomplete in most areas, and that during the influenza epidemic physicians were overwhelmed with urgent relief work, the morbidity reports received through the usual channels furnished no reliable index of the prevalence of the disease.

Recognizing these facts, the United States Public Health Service, upon the subsidence of the first wave of the epidemic, organized special surveys in a number of localities for the purpose of ascertaining as accurately as possible the proportion of the population affected. The data collected in these surveys, which have been made in 18 localities, are now in the process of compilation; but, in the meantime, certain results of the surveys made in Maryland are available from preliminary compilations made during the progress of the field work. While these preliminary compilations are known to be subject to certain errors which may be eliminated in the final tabulations, such errors are not sufficient to be of material significance, and it is believed that the data are of sufficient interest to warrant presentation of the preliminary figures at this time.

The communities in which surveys were made in Maryland are:

Baltimore, population in 1917	594, 637
Cumberland, population in 1917	26, 686
Lonaconing	[1] 1, 553
Frederick, population in 1917	11, 225
Salisbury	[1] 6, 690
Three rural districts in Frederick, Washington, and Wicomico Counties.	

These localities are widely separated in the State, Cumberland and Lonaconing being in the extreme northwestern part, Frederick in the central part, and Salisbury in the southeastern part of the State.

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[1] Population in 1910. No census estimate has been made for 1917.

In each of these localities a number of areas were selected for house-to-house canvass. The size of these areas was roughly fixed so as to include approximately the same number of persons in each, the selection of the areas within a town or city being made so as to give a fairly uniform geographic distribution. Enumerators were employed to visit every house in the selected areas, and to make inquiries of the housewife or other responsible member of the household as to the sex and age of each member, the date of onset and duration of each case of influenza or pneumonia, and the date of each death from influenza or pneumonia.[1]

Thus the sex and age of every person in the population canvassed, as well as persons affected by the disease, were ascertained. The data obviously are crude to a certain degree because of the following conditions: (1) The canvass was made some time after the earlier cases occurred, and the dates of onset were not accurately recalled for a small proportion of the cases; (2) the families' statements as to diagnosis were accepted; (3) the enumerators were not persons especially trained in this work, although they were carefully selected for intelligence and reliability. It was believed, however, that a sufficiently large mass of data would reduce the errors arising from faulty memory on the part of some informants, and the inquiries were sufficiently simple to permit even untrained persons to obtain the data with detailed written instructions and under careful supervision.

In inquiring as to the type or nature of illness, the enumerators were instructed to ask which members of a family had influenza, "flu" or "grippe," since August 1, 1918, and to record cases of influenza or pneumonia as they were stated by the informants. Persons who were said to have been only "feeling badly," or as having a "cold," were recorded as "doubtful" cases. All such cases lasting not less than three days, and of such severity as to confine the patient to bed for the whole of one day, however, were classed as influenza unless otherwise diagnosed by the attending physician. Cases of illness if definitely stated to be due to some other cause than influenza, pneumonia, or colds were not recorded. While inquiries of this character can not be regarded as accurate diagnoses, it is believed that such inquiries, made quite simply and covering a very definite epidemic period, afford a fairly accurate idea of the incidence of the disease among representative groups of persons. The preliminary compilations appear to indicate quite clearly that the cases recorded as influenza and pneumonia and as "doubtful" were accurately recorded in a great majority of instances. This indication, it will be noted, is most strikingly seen in the tables herewith presented where cases classified as influenza, pneumonia, and "doubtful" show almost identical chronology and where the "doubtful" cases are shown to constitute less than 10 per cent of the total number.

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[1] Certain other inquiries were made, but the tabulations of the data from these inquiries have not yet been completed.

TABLE I.—*Number of cases of influenza and deaths from influenza and pneumonia (all forms) among populations canvassed in various localities in Maryland.*

Locality.	Dates of canvass, 1918.	Total number of persons included in canvass.	Number of cases of influenza.	Number of deaths from influenza and pneumonia (all forms).
All localities	Nov. 20-Dec. 15	46,535	13,037	243
All localities exclusive of Baltimore	Nov. 27-Dec. 15	12,759	5,169	87
Baltimore	Nov. 20-Dec. 10	33,776	7,868	156
Salisbury	Dec. 10-12	1,735	796	9
Frederick	Nov. 27-30	2,420	777	9
Cumberland	Dec. 1-6	5,234	2,147	38
Lonaconing	Dec. 4-11	1,840	1,093	22
3 rural districts	Dec. 1-15	1,530	356	9

TABLE II.—*Case incidence rates and death rates per 1,000 persons, and fatality rates per 100 cases, from influenza and pneumonia (all forms) among the populations of areas canvassed in various localities in Maryland.*

Locality.	Case incidence rate per 1,000.	Death rate per 1,000.	Case fatality rate per 100.
All localities	280.2	5.2	1.9
All localities exclusive of Baltimore	405.1	6.8	1.7
Baltimore	232.9	4.6	2.0
Salisbury	459.2	5.2	1.1
Frederick	321.1	3.7	1.2
Cumberland	410.2	7.3	1.8
Lonaconing	594.0	11.9	2.1
3 rural districts	323.8	5.9	2.5

In Table I is shown for each locality in Maryland in which a survey was made, the dates on which the survey was made, the population included in the canvass and the number of cases and the number of deaths occurring among the population canvassed. In all, 46,535 persons were canvassed in Maryland, of whom 33,776 were in the 32 districts or areas selected in Baltimore city.

Table II shows the case incidence per 1,000 persons, the death rate from influenza and pneumonia per 1,000 persons and the fatality rate per 100 cases among the populations canvassed in the different localities. It will be noted that a considerable variation in rates is shown. Taking the respective rates in Baltimore as "100", the rates for the various localities may be expressed thus:

	Case rate per 1,000.	Death rate per 1,000.	Fatality rate per 100 cases.
Baltimore	100	100	100
Salisbury	192	113	55
Frederick	138	80	60
Cumberland	176	159	90
Lonaconing	255	259	105
Three rural districts	139	128	125

It will be noted that while the case rate was lower in Baltimore than in any other locality, and that the death rate was lower in Baltimore than in any other locality save one, the fatality rate was higher in Baltimore than in any of the other localities except in the small town of Lonaconing and the three rural districts. In this connection it should be stated that the three rural districts are too small to afford an accurate indication of the incidence or death rates in rural communities. It is hoped that the data for rural districts in Maryland can be supplemented by further surveys.

In Table III the illnesses which were recorded are classified according to the type or kind as they were reported, namely: Influenza, pneumonia, or "doubtful."

In Tables IV and V the numbers of cases are classified by reported date of onset. Table IV shows the number of cases of all types classified by date of onset as reported in the canvasses of Baltimore, Cumberland, Lonaconing, Frederick, and Salisbury. It is not purposed at the present time to attempt an analysis of these data, but it should be pointed out that some marked irregularities in the curves which the plotting of them shows evidently result from faulty recollections by informants of the dates of onset. The number of cases by dates of reported onset for the areas canvassed in Baltimore during the period September 6 to November 22 are plotted in figure 1. It will be noted that a considerable degree of irregularity is shown by the line representing the number of cases by dates of onset as actually reported to the enumerators; the fact that sharp peaks are shown for October 1, October 10, and October 15, suggests that the reported dates of onset grouped themselves around certain even dates because of a probable tendency for informants to recall or state dates inaccurately. A closer examination of the graph will show that there was a more or less well-defined periodicity of 5-day intervals in these dates throughout the period, probably for the same reason. In order to correct irregularities arising from erroneous statements of this nature, a moving five-day average was computed and is indicated in the figure by the broken-line graph.

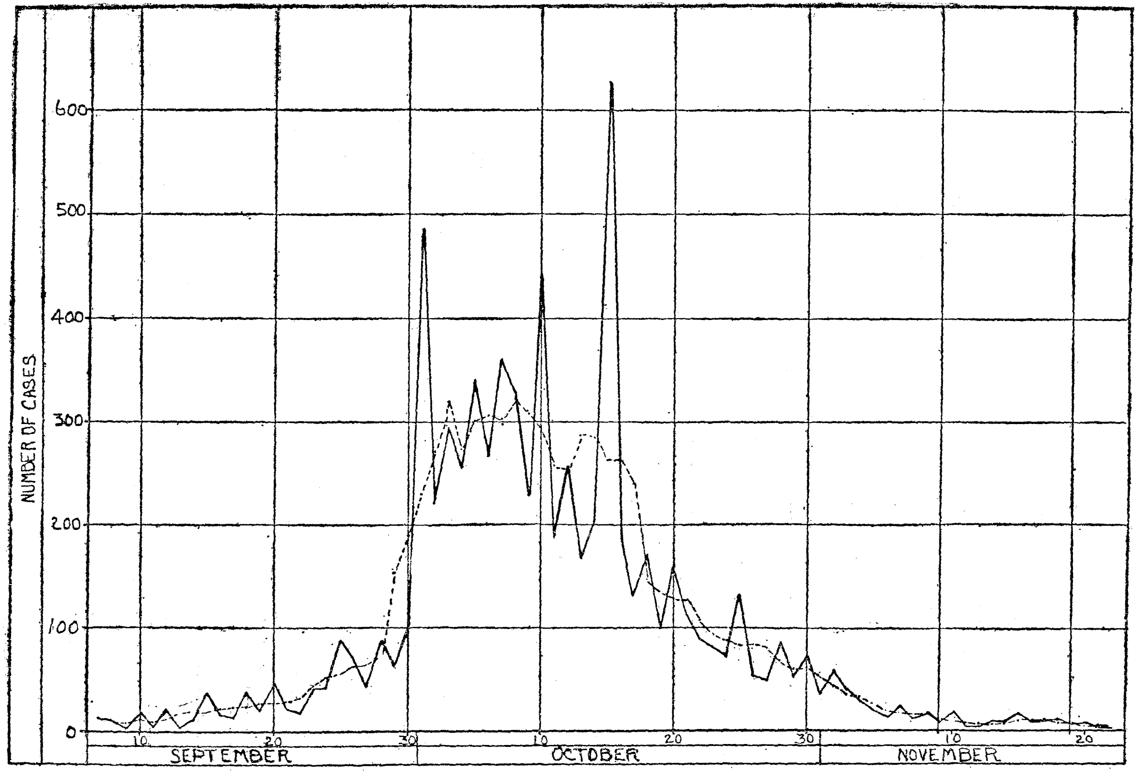

FIG. 1.—Number of cases of influenza occurring between September 6 and November 22, 1918, among the population of areas canvassed in Baltimore, by reported date of onset. The continuous line represents the number of cases whose onset occurred on the days as actually reported. The broken line is a smoothed line computed by means of a five-day moving average.

TABLE III.—*Number and per cent of cases of influenza of different "types" enumerated among the populations of areas canvassed in various localities in Maryland.*

Locality.	Total cases.[1]	Cases classified according to type.		
		Influenza.	Pneumonia.	Doubtful.[2]
NUMBER OF CASES.				
All localities	12,989	10,920	808	1,261
All localities exclusive of Baltimore	5,208	4,495	314	399
Baltimore	7,781	6,425	494	862
Salisbury	793	731	21	41
Frederick	802	612	42	148
Cumberland	2,143	1,814	172	157
Lonaconing	1,100	1,037	52	11
3 rural districts	370	301	27	42
PER CENT OF TOTAL CASES.				
All localities	100	84.1	6.2	9.7
All localities exclusive of Baltimore	100	86.3	6.0	7.7
Baltimore	100	82.5	6.4	11.1
Salisbury	100	92.2	2.7	5.2
Frederick	100	76.3	5.2	18.5
Cumberland	100	84.7	8.0	7.3
Lonaconing	100	94.3	4.7	1.0
3 rural districts	100	81.3	7.3	11.4

[1] Includes cases of mild type and brief duration in which a definite diagnosis was not reported by informant. (See p 492.)

[2] Including only cases for which information as to "type" was obtained.

TABLE IV.—*Number of cases of influenza occurring among populations canvassed in specified localities in Maryland, classified by reported date of onset.*[1]

	Baltimore.[2]	Cumberland.	Lonaconing.	Frederick.	Salisbury.
Population included in canvass	33,776	5,234	1,840	2,420	1,735
DATES.					
Sept. 1	8	6	3		
2	1	3	2		
3	7			2	
4	18		1	2	
5	3		3		
6	5	2	3		
7	12		2		
8	9	4	1		
9	2	2	1		
10	17	3	2	1	
11	4	4	1		
12	21	2	3		
13	4	4			2
14	11		1	1	
15	37	4	3		4
16	14	8	1	4	1
17	13	6	1	1	1
18	37	4	2		
19	17	3			
20	43	11	9		3
21	21	5	3		2

[1] Exclusive of 328 cases, the exact dates of onset of which were not known, as follows: Baltimore, 252 cases; Cumberland, 10 cases in September and 4 in October; Lonaconing, 4 cases in October; Frederick, 3 cases in September, 7 in October, and 1 in November; Salisbury, 1 case in September and 8 cases in October.

[2] The following number of cases were stated to have had their onsets prior to Sept. 1, 1918, in Baltimore: July 4, 1; July 9, 1; July 10, 1; July 11, 1; July 12, 1; Aug. 1, 1; Aug. 9, 1; Aug. 10, 2; Aug. 25, 2; Aug. 27, 1; Aug. 28, 3; Aug. 29, 1; and Aug. 30, 2.

TABLE IV.—*Number of cases of influenza occurring among populations canvassed in specified localities in Maryland, classified by reported date of onset*—Continued.

	Baltimore.	Cumberland.	Lonaconing.	Frederick.	Salisbury.
Population included in canvass	33,776	5,234	1,840	2,420	1,735
DATES—continued.					
Sept. 22	18	9	4	2	1
23	39	31	4	3	...
24	40	19	3	7	1
25	88	24	41	6	...
26	70	23	10	...	5
27	41	24	24	3	4
28	87	47	40	2	17
29	62	26	20	2	13
30	107	32	29	3	6
Oct. 1	481	138	110	19	54
2	225	57	86	16	20
3	294	67	89	12	20
4	255	91	106	22	21
5	337	98	56	22	31
6	260	103	42	17	21
7	360	94	49	28	40
8	327	99	47	36	47
9	228	65	36	36	38
10	443	117	44	29	54
11	186	83	36	25	27
12	264	88	25	20	32
13	164	47	17	18	30
14	205	66	15	22	33
15	628	135	20	49	59
16	182	34	6	31	14
17	131	29	4	14	11
18	172	44	14	29	18
19	100	24	2	9	9
20	161	42	12	17	23
21	112	12	6	13	11
22	90	18	2	18	7
23	80	26	1	29	7
24	75	12	2	9	3
25	135	19	8	27	4
26	57	11	1	10	12
27	50	12	4	5	6
28	83	14	1	18	4
29	55	7	...	7	5
30	73	4	8	12	7
31	34	3	5	2	2
Nov. 1	60	25	2	9	3
2	41	3	1	1	2
3	29	6	3	6	...
4	22	5	2	3	3
5	14	2	8	3	...
6	24	3	1	5	...
7	13	10	...	3	1
8	14	6	...	5	1
9	10	4	1	2	...
10	19	7	1	...	1
11	5	6	...	5	4
12	5	4	2	...	1
13	9	2	...	4	3
14	10	1	...	1	1
15	17	3	1	...	...
16	10	2	...	...	...
17	10	1	...	...	...
18	12	6	...	1	1
19	7	4	...	1	...
20	10	3	2	1	2
21	3	4	1	7	3
22	2	...	1	6	2
23	4	2	...	1	...
24	5	1	...	3	2
25	10	...	1	6	1
26	5	1	...	4	2
27	6	2	1	10	...
28	3	4	4	3	...
29	6	1	...	...	1
30	1	2	...	...	1

TABLE V.—*Number of cases of influenza and pneumonia (including "doubtful" cases*[1]*) and deaths from influenza and pneumonia (all forms) among the population canvassed in Baltimore, classified by reported date of onset or occurrence, from Sept. 1 to Nov. 30, 1918.*[2]

Date.	Cases.				Deaths.
	Influenza.	Pneumonia.	Doubtful.	Total.	
Sept. 1	5	2	1	8	....
2	1	....	....	1	....
3	6	1	....	7	....
4	15	2	1	18	....
5	2	1	....	3	....
6	3	....	2	5	....
7	8	1	3	12	....
8	7	....	2	9	....
9	2	....	....	2	....
10	15	1	1	17	....
11	4	....	....	4	....
12	17	2	2	21	....
13	4	....	....	4	....
14	10	....	1	11	....
15	31	3	3	37	....
16	11	2	1	14	....
17	13	....	....	13	....
18	36	....	1	37	....
19	13	1	3	17	1
20	33	2	8	43	1
21	17	3	1	21	....
22	15	1	2	18	....
23	32	3	4	39	....
24	27	3	10	40	....
25	70	10	8	88	....
26	58	5	7	70	....
27	32	3	6	41	2
28	69	7	11	87	....
29	54	5	3	62	....
30	80	13	14	107	....
Oct. 1	405	40	36	481	....
2	192	16	17	225	....
3	243	18	33	294	3
4	204	19	32	255	....
5	280	27	30	337	3
6	229	18	13	260	5
7	304	19	37	360	5
8	265	24	38	327	1
9	196	17	15	228	10
10	372	27	44	443	3
11	158	12	16	186	13
12	222	16	26	264	8
13	141	10	13	164	4
14	172	6	27	205	5
15	553	25	50	628	10
16	148	5	29	182	5
17	95	11	25	131	7
18	144	7	21	172	5
19	85	5	10	100	3
20	143	5	13	161	7
21	87	10	15	112	3
22	73	8	9	90	2
23	70	4	6	80	5
24	62	8	5	75	1
25	116	2	17	135	2
26	44	6	7	57	2
27	38	2	10	50	5
28	60	10	13	83	2
29	45	2	8	55	4
30	60	2	11	73	....
31	27	4	3	34	....
Nov. 1	51	4	5	60	2
2	34	2	5	41	1
3	22	2	5	29	1
4	16	4	2	22	1
5	11	2	1	14	....
6	18	1	5	24	1
7	11	....	2	13	2
8	10	1	3	14	1
9	8	2	....	10	....
10	13	2	4	19	1

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[1] Includes cases of mild type and brief duration in which a definite diagnosis was not reported by informant. See p. 492.

[2] Exclusive of 252 cases, the exact dates of onset of which were not known, and 1 death as follows: 15 cases influenza and 5 doubtful in September; 180 cases influenza, 3 pneumonia, and 36 doubtful, and 1 death in October; 5 cases influenza and 8 doubtful in November.

TABLE V.—*Number of cases of influenza and pneumonia (including "doubtful" cases) and deaths from influenza and pneumonia (all forms) among the population canvassed in Baltimore, classified by reported date of onset or occurrence, from Sept. 1 to Nov. 30, 1918*—Continued.

Date.	Cases.				Deaths.
	Influenza.	Pneumonia.	Doubtful.	Total.	
Nov. 11	3		2	5	1
12	3		2	5	
13	6	1	2	9	1
14	6	1	3	10	
15	13	2	2	17	1
16	5	2	3	10	1
17	6	2	2	10	2
18	6	1	5	12	
19	5		2	7	
20	5	1	4	10	
21	1	1	1	3	1
22	2			2	
23	2		2	4	
24	3		2	5	1
25	8		2	10	
26	4	1		5	
27	1		5	6	
28	2	1		3	
29	3		3	6	
30	1			1	

TABLE VI.—*Number of cases of influenza and deaths from influenza and pneumonia (all forms) occurring among males and females of different ages canvassed in Baltimore and certain other localities in Maryland.*

Age.	Both sexes.			Males.			Females.		
	Number of persons.	Number of cases.	Number of deaths.	Number of persons.	Number of cases.	Number of deaths.	Number of persons.	Number of cases.	Number of deaths.
ALL LOCALITIES.									
Under 1	944	192	13	451	86	4	493	106	9
Under 5	4,576	1,365	43	2,281	688	14	2,295	677	29
5-9	4,355	1,720	8	2,192	856	4	2,163	864	4
10-14	4,141	1,528	10	2,017	715	3	2,124	813	7
15-19	4,134	1,452	16	1,927	631	8	2,207	821	8
20-24	3,785	1,193	28	1,361	373	12	2,424	820	16
25-29	3,793	1,308	38	1,540	517	25	2,253	791	13
30-34	3,608	1,162	28	1,638	540	19	1,970	622	9
35-39	3,489	930	23	1,674	440	13	1,815	490	10
40-44	2,905	629	12	1,431	322	9	1,474	307	3
45-49	2,638	507	4	1,272	224	3	1,366	283	1
50-54	2,249	367	4	1,085	170	3	1,164	197	1
55-59	1,526	222	4	690	97	2	836	125	2
60-64	1,326	183	6	650	72		676	111	6
65-69	972	127	6	460	57	3	512	70	3
70-74	610	59	5	254	26	1	356	33	4
75 and over	599	44	2	244	22	2	355	22	
Unknown	1,829	241	6	847	110	2	982	131	4
All ages	46,535	13,037	243	21,563	5,860	123	24,972	7,177	120
BALTIMORE.									
Under 1	669	103	5	323	45	1	346	58	4
Under 5	3,263	822	24	1,659	422	7	1,604	400	17
5-9	3,047	1,067	6	1,540	545	3	1,507	522	3
10-14	2,861	885	5	1,402	415	1	1,459	470	4
15-19	2,874	815	11	1,329	344	5	1,545	471	6
20-24	2,824	730	17	985	217	7	1,839	513	10
25-29	2,863	859	29	1,154	333	19	1,709	526	10
30-34	2,775	757	19	1,275	355	13	1,500	402	6
35-39	2,495	537	10	1,229	246	5	1,266	291	5
40-44	2,087	366	8	1,018	184	6	1,069	182	2
45-49	1,910	287	2	916	118	2	994	169	
50-54	1,644	208	2	789	95	1	855	113	1

TABLE VI.—*Number of cases of influenza and deaths from influenza and pneumonia (all forms) occurring among males and females of different ages canvassed in Baltimore and certain other localities in Maryland*—Continued.

Age.	Both sexes.			Males.			Females.		
	Number of persons.	Number of cases.	Number of deaths.	Number of persons.	Number of cases.	Number of deaths.	Number of persons.	Number of cases.	Number of deaths.
BALTIMORE—Continued.									
55–59	1,100	132	3	500	56	1	600	76	2
60–64	958	115	5	463	51	....	495	64	5
65–69	668	68	5	314	33	3	354	35	2
70–74	419	32	4	174	13	1	245	19	3
75 and over	414	22	1	163	10	1	251	12	....
Unknown	1,574	166	5	734	75	2	840	91	3
All ages	33,776	7,868	156	15,644	3,512	77	18,132	4,356	79
ALL LOCALITIES OTHER THAN BALTIMORE.									
Under 1	275	89	8	128	41	3	147	48	5
Under 5	1,313	453	19	622	266	7	691	277	12
5–9	1,308	653	2	652	311	1	656	342	1
10–14	1,280	643	5	615	300	2	665	343	3
15–19	1,260	637	5	598	287	3	662	350	2
20–24	961	463	11	376	156	5	585	307	6
25–29	930	449	9	386	184	6	544	265	3
30–34	833	405	9	363	185	6	470	220	3
35–39	994	393	13	445	194	8	549	199	5
40–44	818	263	4	413	138	3	405	125	1
45–49	728	220	2	356	106	1	372	114	1
50–54	605	159	2	296	75	2	309	84	....
55–59	426	90	1	190	41	1	236	49	....
60–64	368	68	1	187	21	....	181	47	1
65–69	304	59	1	146	24	....	158	35	1
70–74	191	27	1	80	13	....	111	14	1
75 and over	185	22	1	81	12	1	104	10	....
Unknown	255	75	1	113	35	....	142	40	1
All ages	12,759	5,169	87	5,919	2,348	46	6,840	2,821	41

TABLE VII.—*Case rate and death rate from influenza and pneumonia (all forms) per 1,000 persons of different ages canvassed in Baltimore and certain other localities in Maryland, and fatality rate per 100 cases.*

Age period.	All localities.	Baltimore.	All localities other than Baltimore.
CASE RATE PER 1,000 POPULATION.			
Under 1	203.4	154.0	323.6
Under 5	298.3	252.2	413.5
5–9	395.0	350.2	499.2
10–14	369.0	309.4	502.2
15–19	351.2	283.6	505.6
20–24	315.2	258.5	481.8
25–29	344.8	300.0	482.8
30–34	322.1	272.8	486.2
35–39	266.6	215.2	395.4
40–44	216.5	175.4	321.5
45–49	192.2	150.0	302.2
50–54	163.2	126.5	262.8
55–59	145.5	120.0	211.4
60–64	138.0	120.0	184.7
65–69	130.7	101.8	194.1
70–74	96.7	76.4	141.3
75 and over	73.5	53.1	118.8
Unknown	131.8	105.5	294.1
All ages	280.2	232.9	405.1

TABLE VII.—*Case rate and death rate from influenza and pneumonia (all forms) per 1,000 persons of different ages canvassed in Baltimore and certain other localities in Maryland, and fatality rate per 100 cases*—Continued.

Age period.	All localities.	Baltimore.	All localities other than Baltimore.
DEATH RATE PER 1,000 POPULATION.			
Under 1	13.8	7.5	29.1
Under 5	9.4	7.4	14.5
5-9	1.8	2.0	1.5
10-14	2.4	1.7	3.9
15-19	3.9	3.8	4.0
20-24	7.4	6.0	11.4
25-29	10.0	10.1	9.7
30-34	7.8	6.8	10.8
35-39	6.6	4.0	13.1
40-44	4.1	3.8	4.9
45-49	1.5	1.0	2.7
50-54	1.8	1.2	3.3
55-59	2.6	2.7	2.3
60-64	4.5	5.2	2.7
65-69	6.2	7.5	3.3
70-74	8.2	9.5	5.2
75 and over	3.3	2.4	5.4
Unknown	3.3	3.2	3.9
All ages	5.2	4.6	6.8
FATALITY RATE PER 100 CASES.			
Under 1	6.8	4.9	9.0
Under 5	3.2	2.9	3.5
5-9	.5	.6	.4
10-14	.7	.6	.8
15-19	1.1	1.3	.8
20-24	2.4	2.3	2.4
25-29	2.9	3.4	2.0
30-34	2.4	2.5	2.2
35-39	2.5	1.9	3.3
40-44	1.9	2.2	1.5
45-49	.8	.7	.9
50-54	1.1	1.0	1.3
55-59	1.8	2.3	1.1
60-64	3.3	4.3	1.5
65-69	4.7	7.4	1.7
70-74	8.5	12.5	3.7
75 and over	4.5	4.6	4.5
Unknown	2.5	3.0	1.3
All ages	1.9	2.0	1.7

TABLE VIII.—*Case rate and death rate from influenza and pneumonia (all forms) per 1,000 male and female of different ages canvassed in certain localities in Maryland.*

Age period.	Case rate.		Death rate.		Case fatality rate.	
	Male.	Female.	Male.	Female.	Male.	Female.
Under 1	190.7	215.0	8.9	18.3	4.7	8.5
Under 5	301.6	295.0	6.1	12.7	2.0	4.3
5- 9	390.5	399.5	1.8	1.9	.5	.5
10-14	354.5	382.8	1.5	3.3	.4	.9
15-19	327.5	372.0	4.2	3.7	1.3	1.0
20-24	273.8	338.3	8.8	6.6	3.2	2.0
25-29	335.8	351.1	16.2	5.8	4.8	1.6
30-34	329.7	315.7	11.6	4.6	3.5	1.4
35-39	262.8	270.0	7.8	5.8	3.0	2.0
40-44	225.0	208.3	6.3	2.0	2.8	1.0
45-49	176.1	207.2	2.4	.7	1.3	.4
50-54	156.7	169.3	2.8	.9	1.8	.5
55-59	140.5	149.5	2.9	2.4	2.1	1.6
60-64	110.8	164.3	....	8.9	....	5.4
65-69	123.9	136.7	6.5	5.9	5.3	4.3
70-74	102.4	92.7	3.9	11.2	3.8	12.1
75 and over	90.2	62.0	8.2	....	9.1	....
Unknown	129.9	133.4	2.4	4.1	1.8	3.1
All ages	271.7	287.1	5.7	4.8	2.1	1.7

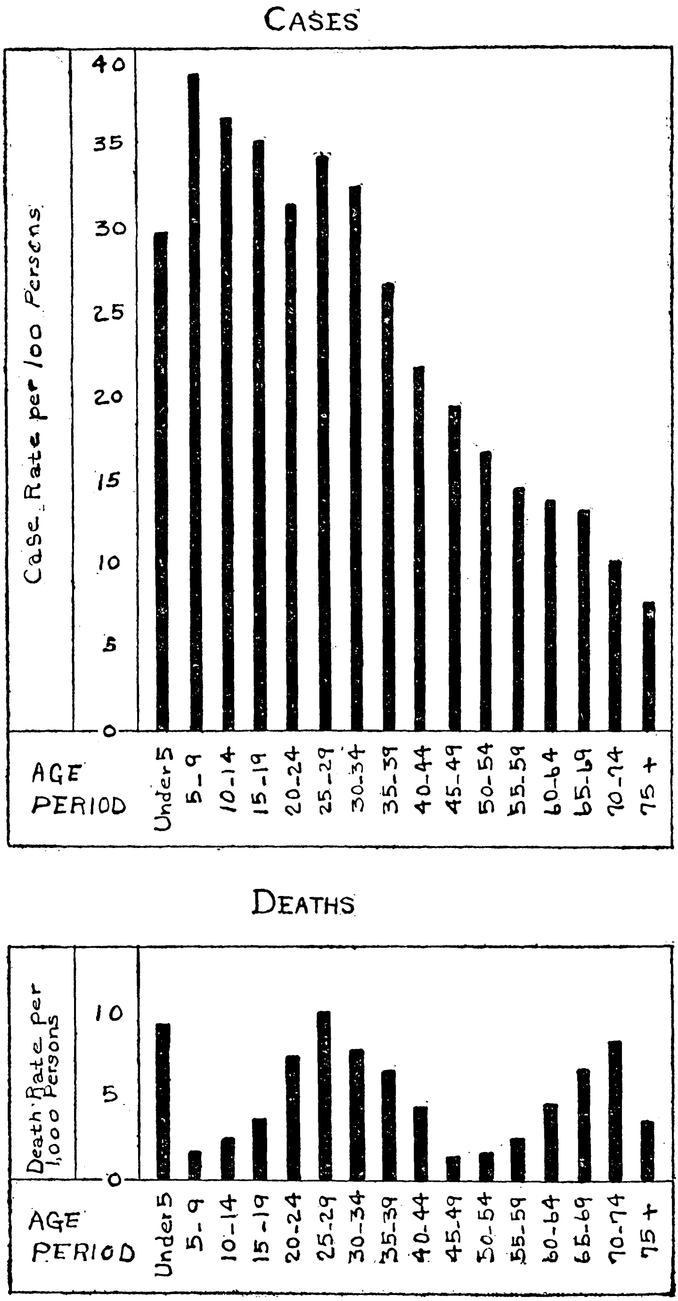

FIG. 2.—Case rate per 100 persons and death rate from influenza and pneumonia (all forms) per 1,000 persons of different ages canvassed in Maryland (see Table VII).

In Tables VI, VII, and VIII are presented the data from the point of view of age and sex incidence. The number of persons of different ages canvassed and the number of cases and of deaths occurring among these persons are shown in Table VI, the data for Baltimore city being given separately. The resulting case and death rates and the fatality rates per 100 cases are given in Table VII and graphically illustrated in figures 2 and 3. It will be noted that a striking contrast between the case rate and the death rate for persons of different ages is shown (see fig. 2) indicating an extremely interesting variation in the fatality rate per 100 cases in persons of different ages (see fig. 3). The death rate from influenza according to age thus is not an indication of the case incidence; while the incidence rate is highest among children of 5–14 and drops off in the older ages, the death rate is quite low among children of these ages and is markedly high among adults of 20–44 and among adults of advanced ages, although the number of persons in the advanced ages is relatively small. The case incidence among persons of different sexes, as shown in Table VIII, tends to be quite similar at practically all ages, but the death and case fatality rates among males of the ages 20 to 50 were considerably higher than among females of similar ages, the death rate and case fatality rates for males of all ages being somewhat higher than those for females. The number of deaths, however, is too

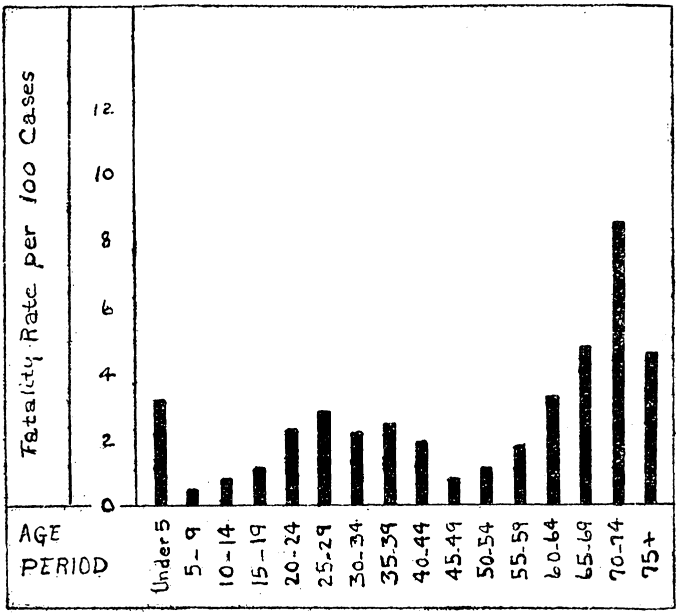

FIG. 3.—Fatality rate per 100 cases of influenza and pneumonia (all forms) among persons of different ages canvassed in Maryland (see Table VII).

small to warrant any general inferences as to the rates for different ages.

Acknowledgment is made to the State Department of Health of Maryland and to the local health departments of the various localities in which surveys were made for their cooperation and assistance in conducting these studies.

TYPICAL BUDGET FOR EFFECTIVE ANTIVENEREAL DISEASE ACTIVITIES.

Because of the great interest aroused by the nation-wide campaign carried on by the Public Health Service for the control of venereal diseases, it may be well to reproduce a typical budget showing how the Federal funds allotted to the several States for antivenereal disease work are being expended. The allotments were apportioned on the basis of population and varied from several thousand dollars to nearly $100,000 per State. The budget here presented is for a State receiving $30,000. It is believed that this method of presenting the activities carried on will assist those who are about to undertake active work in this important field of public health.

The proportionate amount of money to be allotted to the different phases of the work is fixed by official regulation. This provides that 10 per cent shall be devoted to administration, 50 per cent to treatment, 20 per cent each to repressive measures and to educational measures.

Sample budget, allotment $30,000.

Activity or project.	Administration, 10 per cent.	Treatment, 50 per cent.	Repression, 20 per cent.	Education, 20 per cent.	Total, 100 per cent.
Salary of State venereal-disease officer	$1,500				$1,500
Salaries of employees engaged in venereal-disease work.	840				840
Travel expense accounts	360				360
Clerical hire	200				200
All other expenses	100				100
Salaries of physician and hospital attendants actually engaged in treatment of venereal-disease cases		$3,000			3,000
Cost of arsphenamine and other remedies		4,000			4,000
Equipment of clinic		1,500			1,500
Capital cost of detention hospital		3,500			3,500
Maintenance of same		2,500			2,500
Incidental expenses		500			500
Expenses incurred in prosecuting doctors and others who fail to report venereal-disease cases			$2,000		2,000
Salaries of investigators securing information			2,000		2,000
Agents cooperating in law enforcements			2,000		2,000
Expenses of printing and distributing printed matter not furnished from Washington; preparation of photos, exhibits, and other educational material; expenses of lecture services				$6,000	6,000
Total	3,000	15,000	6,000	6,000	30,000